



HOLY FAMILY - HOLY NAME SCHOOL

91 Summer Street • New Bedford, MA 02740-5240
Tel. 508-993-3547 • Fax 508-993-8277 • www.hfhn.org

Application for Admission 2015-2016

Date: _____ Entering Grade: _____ Year _____

Student Information

Name: _____ Male () Female ()
Last First Middle

Address: _____
Street City/Town Zip

Mailing address (if different): _____

Date of birth: _____ Place of birth: _____

Student lives with: ___ Mother ___ Stepmother ___ Grandparents ___ Relatives
___ Father ___ Stepfather ___ Legal Guardian ___ Other _____

Home phone: _____

Student's religion: _____ Registered parish: _____

School last attended: _____

Family Information

Parent's marital status () Married () Widowed () *Divorced () *Separated () Single
() Remarried *COPY OF CUSTODY/GUARDIANSHIP PAPERS REQUIRED

Father/Guardian:

Name: _____ Religion: _____
First Last

Address: _____
(if different than student)

Home phone: _____ Cell phone: _____

Work phone: _____ Email address: _____

Employment: _____ Position: _____
Company

Mother/Guardian:

Name: _____ Religion: _____
First Last Maiden

Address: _____
(if different than student)

Home phone: _____ Cell phone: _____

Work phone: _____ Email address: _____

Employment: _____ Position: _____
Company

(over)

Name of person responsible for Tuition: _____

(Please provide address and phone # if different than parent)

Address: _____
Street City/Town State/Zip

Phone: _____

Ethnic/Racial Origin (used to provide yearly statistics)

- Please check one White Native Hawaiian or Other Pacific Islander
- Black or African American Hispanic or Latino
- Asian American Indian or Alaska Native

First native language: _____

Other Siblings:

_____	_____	_____	_____
Name	Date of birth	Name	Date of birth
_____	_____	_____	_____
Name	Date of birth	Name	Date of birth

Financial Information

1. Please check the method which you will use to pay your child's tuition.

- Pay in full (by June 1st)
- I have included registration fee of \$150.** (per child non-refundable)
- FACTS Management Tuition** (information available on our website (www.hfhn.org))
- I wish to pay using the *ten month plan*. I wish to pay using the *twelve month plan*.

2. Would you like to include with your tuition:

Fundraising Requirement \$320 Y N

I will apply for **Parish Financial Aid**. _____ Please send me a parish financial aid form.

I will apply for **St. Mary's Fund**. _____ Please send me a St. Mary's Fund financial aid form.

Credits for financial assistance will be deducted once we are notified by the appropriate source.

ALL FEES ARE NON-REFUNDABLE

I certify that the information provided is accurate and complete to the best of my knowledge. I understand that any misrepresentation of fact may be sufficient cause for refusal of admission. I fully support the school and its religious and spirituality as well as academic goals and objectives. I agree to the financial obligations that enrollment implies.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

- _____ Date application received: _____
- _____ Registration Fee received
- _____ Health and Immunization Record
- _____ Birth Certificate

Payment _____

Check # _____